FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Power Sean A						2. Issuer Name <b>and</b> Ticker or Trading Symbol TG THERAPEUTICS, INC. [ TGTX ]								k all app Direc	olicable) tor	ng Person(s) to Issur 10% Owne Other (spec below) ncial Officer		wner	
(Last) 3020 CA	Last) (First) (Middle) 020 CARRINGTON MILL BLVD, SUITE 475						3. Date of Earliest Transaction (Month/Day/Year) 06/02/2023								belov			,	вреспу
(Street) MORRISVILLE NC 27560					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line) X	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution		ate,	Code (Insti		4. Securities Acquired ( Disposed Of (D) (Instr. 3 5)			3, 4 and Secu		cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A)	) or P	rice		ted action(s) 3 and 4)			
COMMC	N STOCK	2023			S		73,647(1	7 <sup>(1)</sup> D		\$26.7	654,836 <sup>(2)</sup>		2) <b>D</b>						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed Ition Date, h/Day/Year)	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5	rative rities iired r osed )	Expirati	Date Exercisable and piration Date on the piration Date onth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Own Forn Direc or In (I) (Ir	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	per					

## Explanation of Responses:

- 1. In connection with the vesting of 148,750 shares on May 31, 2023, these shares were sold by the Company's restricted stock administrator in order to satisfy Mr. Power's tax withholding obligations. Mr. Power had no discretion with respect to such sale, which was transacted automatically in accordance with the Company's corporate policies regarding the vesting of restricted stock.
- 2. Includes shares of restricted Common Stock, which vest over various time periods.

/s/ Sean A. Power 06/05/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.